# A COMPARATIVE STUDY OF WELLNESS, PHYSICAL ACTIVITY AND ATTITUDE TOWARDS PHYSICAL EDUCATION AMONG SCHOOL OBESE BOYS AND GIRLS STUDENTS

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**INDEX**

| Sr.No | Content | Page No |
|---|---|---|
| 1 | **Chapter I- Introduction** | 1 - 7 |
| | Statement of the problem | 7-8 |
| | Significance of the study | 8 |
| | Research Objectives | 8 |
| | Hypothesis of the research | 9 |
| | Assumptions of the study | 6 |
| | Delimitations of the study | 10 |
| | Limitations of the study | 10 |
| | Operational definitions | 10-11 |
| 2 | **Chapter II-Review of related literature** | 11-12 |
| 3 | **Chapter III- Research Methodology** | 13 |
| | Population | 13 |
| | Sample | 13 |
| | Tools for data collection | 13-14 |
| | Procedure of the research | 15 |
| | Data collection procedure | 15 |
| 4 | **Chapter IV - Analysis of Data and Interpretation** | 15 |
| | Statistical techniques | 15 |
| 5 | **Chapter V –Summary and Conclusion** | 16 |
| 6 | **References** | 16-18 |

# CHAPTER - I

## 1.1 INTRODUCTION:

### Modern life style

Today, the nations of the world are more closely tied than ever before. But most of the people living in the cities suffer from heavy pollution, fast paced life and stress. Due to this overload, there are many side effects involved in this process. In the world we live in today, many influences strive to pull us away from the healthy life we could lead, to a life full of stress, disease, and general poor health

Modern age has introduced many changes in almost all walks of life. Humans from all age groups have adopted the effects in certain ways. Many people believe that this has greatly affected the children's life and their way of living. This has also altered the choices that the children use to have in food than the earlier generation. Some people believe that it is bad for their health. I completely agree with the statement and will provide some reasons to support the argument.

First, the eating habits of people have adopted in the modern times are dangerous to their health. Many people, these days, prefer to eat from fast food restaurants. The food in those restaurants does not only have insufficient nutrients but it also causes diseases in them. These diseases may not be obvious at once but during later age they come into action. Among them blood pressure, heart diseases and diabetes are the commonly seen. Moreover, the food weakens

second; the lifestyle children have adopted in the modern time has its own type of drawbacks. Spending a great deal of time in playing computer games and surfing internet is the most common lifestyle which is presently seen in children. As it is a well-known fact that physical sports have its merits not only for the body health but for mental as well. Furthermore, by spending their time in the virtual world of computer they are getting away from many social aspects; for example, helping and co-operating others etc.

Obesity is one of the most common effects of a lack of physical activity. The problem is that sitting requires little or no calories compared to standing. If a person who spends most of his or her day sitting eats the same amount of food as someone who is constantly active,

then continuous weight gain is likely for the sitter. Over time, this leads to obesity and excess amounts of fat. This, combined with a lack of exercise, also increases the chances of diabetes.

World health organization has declared obesity as one of the most neglected disease of significant public health importance of this century. The incidence of obesity at all ages is arising in the developing countries including India as well.

The changing life style of families in the so called modernized India with increased purchasing power, easy availability, more comfortable and luxurious living, thanks to improved technology has all attributed of this problem. Increased hours of inactivity due to increasing academic pressure, television, video games and computer have all replaced outdoor games and other social activities and social activities (Mahadik, 2010).

A sedentary life style plays a significant role in obesity. Worldwide there has been a large shift towards less physical demanding work and currently at least 60% of the world's population gets inefficient exercise. This is primarily due to increasing use of mechanized transportation and a greater prevalence of labor saving technology in the home. In children there appears to be decline in level of physical activity due to less walking and physical education (Ness-Apovian2006). WHO indicates people worldwide are taking up less active recreational pursuits, while a study from Finland found an increased and a study from the United States found leisure-time physical activity has not changed significantly (Brownson, 2005).

**Childhood obesity**

At least 20 million children under the age of 5 years are overweight globally in 2005. Childhood obesity is a cultural problem and a medical problem (Strauss (2002).The increasing prevalence of childhood overweight and obesity is now a global trend according WHO, in 1997 and is of concern, as overweight or obese children are at higher risk of experiencing a range of health problems. In 2010 the number of overweight children under the age of five, is estimated to be over 42 million, Close to 35 million of these are living in developing countries( Shah, 2O1O).

Children have higher proportion of body fat the first 2 years of life. After age, as they become more active this fat is lost and they remain relatively thin until about 6-7 years in girls and 8-10 years in boys there is natural phenomenon of regaining body fat. This is known as adiposity rebound. Adiposity rebound is seen much more pronounced in today's children and is also being observed at a younger age. This is a danger sign for later development and maintenance of obesity. Most individuals develop their eating and actively pattern during childhood. A recent

survey conducted among urban kids reveals that obesity has set in much before adolescence among children in India. India a study done in as early as 1993 in Mumbai the incidence of obesity in adult was found to be as high as 30-40%.in the recent times rising incidence of childhood obesity has been reported from many parts of urban India such as Pune, Chennai and Delhi. Not only the incidence of obesity in childhood is rising but also it is seen at a young age (Bhosale, 2007).

Obese children are at risk for significant health problems, but also face many psychological and social consequences, including low self-esteem. Children who are obese face an increased risk of emotional problems lasting well into adulthood. The Factors such as peer rejection, weight-related teasing, and internalized social standards play a major role in diminishing an obese child's self-esteem. Self-esteem affects numerous aspects of health and behavior including social adjustment, activity engagement, goal direction, and the presence of anxiety. Furthermore, low self-esteem has been associated with depression and suicidal ideas (Harter &Marold, 1994).

Immediate health problems of overweight and obese children include social isolation and potential psychological dysfunction (Friedman & Perry, 1995). Overweight children when described by their peer as ugly, stupid, dishonest and lazy may experience teasing and social isolation as a result (Staffieri, 1967).

**Effect of obesity on Children's health**

Excessive body weight is associated with various diseases**,** particularly cardiovascular disease, diabetes mellitus type 2, obstructive sleep apnea, certain types of cancer and osteoarthritis .as a result, obesity has been found to reduce life expectancy (Haslam, 2005).

Each year obesity-related conditions cost over 150 billion dollars and cause an estimated of 30,000 deaths per year. Individuals who are obese have 80 to 100% increased risk of premature death from at cause compared to healthy individual. Some of obesity's health effects include an increased risk for a range of problems, such as diabetes, fatty liver disease, stroke, and high blood pressure, Gout, psychological and emotional effects.

**Effect of obesity on children's quality of life**

Obesity has a negative effect on a child's quality of life both physical and emotional, not only do obese children suffer medical issues related to their weight, but they also encounter social problems because obesity affects their ability to be normal. While the internal damage goes unseen, the outward signs of obesity can mean children are damaged emotionally and psychologically by their being visible overweight (Wagner, 2006)

**Wellness**

For individuals wanting a higher quality of life, achieving a state of wellness must be reached. It creates a sense of peace that surpasses the need for material possessions and subdues the stresses from external situations. If you live a highly stressful, drama ridden life, then wellness will help alleviate those stresses by connecting you with your inner peace and improve your physical health.People deserve to feel fulfilled in their lives as a whole, not just from sickness. When a person's wellness is heightened, so too is their ability to be productive in all phases of their life:  home, work, relationships, etc. Of course, the overall sense of wellness also helps with illness and therefore decreases the need for the traditional healthcare system.

In addition, this newfound health allows for a happier environment where you can be a productive member of the community where you can improve your life and the lives of others. Relaxation & meditation: Encourage yourself to relax and take it easy. Bring your world to stand still for a moment each day; this will immediately reduce stress levels. Focus away from the chronic every day stressors that kill our energy and bring down our emotional and physical wellness.

Improve relationships: It's important to maintain healthy, positive relationships, whether it's with your family, friends, co-workers or nature. Strengthen your connections to your family, and you will mend your sense of worth that will help others--and yourself--feel loved and supported.

Although you may feel like total wellness is not an attainable goal, making the first steps will help you realize that wellness is completely up to you and your desire to be healthy, happy, and full of life. We all have great potential and the path to wellness is the first step to accomplishing it.

PA & nutrition: PA and the food we put into our bodies play a huge role in maintaining a healthy lifestyle. Our bodies demand the "right" foods and without them, we start to feel less energetic, grumpier, and our immune systems begin to dwindle. With regular exercise and a healthy nutritious diet, you will be more able to stay on track to your path to wellness.

**Importance of Physical Activity for achieving wellness**

Experts define PA experience as dimensions of everyday life in which PA plays important role .an active life style enhance the quality of life and wellness. Regular PA improves the basics fitness level

Exercise is usually performed repeatedly over an extended period of the time with specific external objects such as the improvement of physical fitness or health. It includes mental, moral, social and emotional fitness as well health fitness and wellness components are interrelated (Deol, 2009)

The human body is design for activity. the human body organism can adopt to wide range of metabolic demands imposed by work or exercise .PA comprised any bodily movement produced by the skeletal muscle that result in a substantial increases over resting expenditure( US department of health & human services , 1996).

A growing number of international organizations have produced position statements and policy documents on health related behaviors including physical activity. In 2004 World Health Organization endorsed a global strategy on diet, physical activity and health indicating that inactivity is not just a problem for developed countries. Global strategy suggests that appropriate regular physical activity is important in prevention of lifestyle diseases. They recommend 30 minutes moderate intensity physical activity daily and suggest that increased physical activity can lead to curtail the cost on health.

Physical activity can be an extremely effective mean of managing stress, thereby improving emotional health. Exercise uses the built-up stress by product and the body's pre-regardless to do something physical. The result is a sense of stress relief.

Regular physical activity can postpone this dependency by providing elders with necessary muscular strength endurance, cardiovascular endurance and flexibility to manage their own affairs.

Physical activity can also improve spiritual health, for example: When you are exercising outdoor you have the opportunity to experience nature and all its wonder, to feel the rush of air on your skin, to hear the sound of the birds and the wind rustling through and sense the exhilaration of your body performing physical movement. In this way you can feel a connected body. (Greenberg, 2004)

**Adolescence the period to develop healthy lifestyle habits**

Early adolescence is a unique and fascinating period in human development. This period of great transition marks the end of childhood and the introduction into young adulthood. As children make the transformation into adults many developmental changes will occur. For instance, young teens experience a time of accelerated growth second only to infancy (CCAD - 1995). Importance of roles of family members subside (Schickedanz*et al.* 1998) while the peers take the charge leading to change in thinking patterns (Adams and Gullotta 1989), mental makeup. Studies have shown that individuals who are physically active during adolescence continue to be physically active adults and exhibit a healthy and active lifestyle. (Dishman, 1988; Kuh& Cooper, 1992). Adolescents who had more experience with physical activity and sports prior to age fifteen had a higher psychological readiness for physical activity at thirty years of age. (Hale, 2003).

Concern has been expressed about levels of physical activity of young people even though they are the most active group. Interest is high for reasons of increasing obesity and the belief that if children are not active enough then serious health problems will accrue in later life. **Influence of schools on children's attitude and behavior**

The role of school is to promote physically active lifestyle. Physical education represents an area of middle school curriculum that has the potential to impact adolescence developing knowledge, attitudes, beliefs and behaviors in positive and meaningful ways that may endure across the lifespan (Mohr, Townsend, & Scoff. 2006). They contend that a physical education teacher and physical education curriculum are the main factors in promoting physical activity through physical education lessons. The USDHHS(1996) says "schools have more influence on the lives of young people than any other social institution except family and provide a setting in which friendship network develops, socialization occurs, and norms that govern behavior are developed and reinforced."

**Attitude for life time Physical Activity**

The study of attitudes in physical education is a growing area of research. Students' attitude is an important dimension for teachers and researchers to examine, as attitude mediates students' engagement and provide the foundation for student achievement. In addition to the achievement, a primary goal of physical education is to develop positive attitude in students that promote lifelong physical activity.

The researcher contends that attitudes toward physical activity and lifetime participation in physical activity are based on the related experiences and interactions. Attitude formation and change in attitude depend prominently upon school-based learning opportunities.

## 1.2 STATEMENT OF THE PROBLEM

Obesity is a rapidly growing global problem. World health organization has declared obesity as one of the most neglected disease of significant public health important of this century. Obesity affects children's health and quality of life.

Good health is our most precious possession. Although it is usually only in the time of illness or injury that we really appreciate good health, more and more people are realizing that health is not simply the lack of disease. Indeed, there are degrees of health, or to use the more popular phrase, degrees of "wellness" and it is now clear that lifestyle can have major impact on our degree of wellness (Powers & Dodd, 1999).

Studies have shown that individuals who are physically active during adolescence continue to be physically active adults and exhibit a healthy and active lifestyle. (Dishman, 1988; Kuh& Cooper, 1992). Adolescents who had more experience with physical activity and sports prior to age fifteen had a higher psychological readiness for physical activity at thirty years of age. (Hale, 2003).

Physical activity of an individual's is related to his knowledge, attitudes, beliefs and behaviors in positive and meaningful ways that may endure across the lifespan. Past studies have shown that as attitude mediates students' engagement and provide the foundation for student achievement.

Wellness, Physical activity and attitude these three are important for achieving the quality of life that is why these components needs to study and correlate with each other

## 1.3 SIGNIFICANCE OF THE STUDY

1. This study will help to know the level of wellness, physical activity & attitude towards physical activity among school going obese students.
2. This study will revels if there any relationship between wellness, physical activity and attitude towards physical activity among school going obese students.
3. This study will revels gender will affect the relationship between wellness, physical activity and attitude towards physical education of school going obese students if there.
4. This study will also help how physical activity affects the wellness of school going obese students.
5. Further this study will help to finds out the influence of attitude towards physical education on physical activity and wellness
6. This study will help to understand the importance physical activity for school going obese students.
7. Further this will help to find out the gender wise difference in wellness, physical activity & attitude towards physical education among school students.
8. Further this study will help to finds out the influence of attitude towards physical education on physical activity and wellness
9. This study will help to understand the importance physical education & physical activity.

## 1.4RESEARCH OBJECTIVES

1. To select the school going obese students
2. To collect the data through the questionnaires
3. To measure the level of wellness, physical activity & attitude towards physical activity among school going obese students.
4. To correlate the wellness, physical activity & attitude towards physical activity among school going obese students.
5. To compare the gender wise difference in wellness, physical activity & attitude towards physical activity of school obese students.
6. To compare the categories wise difference in wellness, physical activity & attitude towards physical activity of school going obese students.
7.

## 1.5 HYPOTHESIS OF THE RESEARCH

**$H_1$**-There will be significant relationship between wellness & physical activity & attitude towards physical activity of school going obese student.

**$H_{01}$**-There will be no significant relationship in the wellness, physical activity & attitude towards physical activity of school going obese students.

**$H_2$**-There will be significant difference between school going obese girls and boys in the wellness, physical activity & attitude towards physical activity among school going obese student.

**$H_{O2}$**-There will be no significant difference between school obese girls and boys in the wellness, physical activity & attitude towards physical activity among school students.

**$H_3$-** There will be significant difference in categories of body composition among school going obese students in the wellness, physical activity & attitude towards physical activity among school students.

**$H_{03}$-** There will be no significant difference in categories of body composition among school going obese students in the wellness, physical activity & attitude towards physical activity among school students.

## 1.6 ASSUMPTIONS OF THE STUDY

1. It will be assume that the principals of the schools will grant the permission for the research
2. It will be assume that the students will co-operate and fill the questionnaires sincerely and provides true information
3. It will be further assume that the questionnaires will show the actual status of the students

## 1.7 DELIMITATIONS OF THE STUDY

1. This study will be delimited to the 8th and 9th grade students of CBSE schools from A Pune city
2. This study will be delimited to the obese students.
3. Only the BMI will be consideration the obesity for the students.
4. This study will further delimits to the following variables:
   Wellness, Physical activity, Attitude towards physical education and Obesity.

## 1.8 LIMITATIONS OF THE STUDY

1. The physical condition of the obese students while taking the BMI will be considered as the limitation
2. The psychological status of the students while filling the questionnaire will be considered as the limitation.
3. Conclusion drawn at the end of the study will be solely based on information collected through the wellness inventory, physical activity index & Student attitude towards physical education scale by (Subramaniam& Silverman, 2000) hence researcher will consider it as the limitation.

## 1.9 OPERATIONAL DEFINITIONS

1. **Wellness:** Wellness means physical, emotional, social, intellectual, occupational and spiritual well beings of general people.
   The total score of Wellness Inventory (WI) developed byDadasaheb D. (2014) will be consider as a measurement for the wellness of the students

2. **Physical activity:** The total score obtained from the activity index questionnaire(Fahey, Insel& Roth, 1997) by the students will be call as physical activity
3. **Student's attitude towards physical education:** The total score obtained from Student attitude towards physical education scale by (Subramaniam& Silverman, 2000) , will be consider as the students attitude towards physical education.
4. **School going obese students:** For the purpose of this study the term school going obese students is defined as all the obese students in 8th and 9th grade in the 2019/20

and whose % body fat is greater than 30% for girls and for boys % body fat is greater than 25%, from CBSEschool Pune city.

## Chapter –II REVIEW OF RELATED LITRETURE

**Tyagi A. K,** (2013) investigated the differences in attitude towards physical activity of college students in relation to their gender and caste group. The sample consisted of 400 students comprising set of 100 each of Scheduled and Non-Scheduled Caste boys, and of Scheduled and Non-Scheduled Caste girls aged between 18 to 23 years. The Physical Activity Attitude Scale (PAAS) constructed by J. Bhullar treatment of the data. The mean score disclosed the differential attitude on both parameter- gender and for Non- Scheduled Caste students was 273.60 in comparison with the Scheduled Caste students with – 1.63

**Nasser Al-Rawahi (2013)** aims at investigating the relationship between physical education teachers' attitudes toward participation in physical activity and their motives toward choosing physical education as a teaching profession. Two questionnaires with asample of 98 participants were employed as a data collection vehicle. The resultsshowed that participants in this study had strong attitudes toward physical activities.Furthermore, participants expressed a mixture of intrinsic and extrinsic reasons as towhy they opted for physical education as a teaching profession. Moreover, thefindings revealed a significant relationship between participants' attitudes towardparticipation in physical activity and their motives toward choosing physicaleducation as a teaching profession.

**Stephen D. Edwards (2005)**studied the value of various forms of physical activity, exercise and sport in healthpromotion is universally acknowledged. This research compared psychological wellbeingand physical self-perception of persons who regularly engage in various formsof physical activity, exercise and sport with a control group of non-exercisers.Different physical activities selected included health club exercises (mainlyresistance training), hockey (a team sport), and running (mainly aerobic exercise).Main findings were that persons engaging in regular physical activity perceivedthemselves as having more autonomy, personal growth, environmental mastery,purpose in life, positive relations with others, self-acceptance, sport competence andconditioning than non-exercisers. Regular exercisers also attached more importanceto sport, conditioning, & attractiveness and strength than non-exercisers. Hockeyplayers perceived themselves as having more positive relations with others and sport competence

than either health club members or runners. The relevance of these findings and further implications for health and sport psychological research and interventions were discussed.

**Helen A. Doll (1999)** has done research to find out the association between obesity and health related quality of life by exploring the association between physical and emotional well-being in relation to obesity and the presence of other chronic illness. At the end of his research he found that body mass index was significantly associated with health status, but the pattern varied according to whether the measure reflected physical or emotional well-being,presence of obesity was associated with a significant deterioration in physical but not emotional well-being. Overweight and obesity are associated with poor levels of subjective health status, particularly in terms of physical well-being.

Studies have reported that up to 60% of individuals with schizophrenia and 68% of those with bipolar disorder are overweight.Ronette L. Kolotkin (2007) his paper explores the health related quality of life of individuals with schizophrenia as a function of obesity status. Sixty-three percent of participants with schizophrenia and 68% of those with bipolar disorder were obese. Obese participants were more likely to be women, on mood stabilizers, taking a greater number of psychiatric medications, and to have poorer weight-related and general health related quality of life, and he stated that those who are obese have decreased health related quality of life.

## CHAPTER III RESEARCH METHODOLOGY

In order to study the wellness, physical activity & student's attitude towards physical activity of the school going obese students the researcher will use Descriptive survey.

### 1.12 POPULATION

All the obese students of CBSE from $8^{th}$& $9^{th}$ grade in the year of 2019-20 from Pune city

### 1.13 SAMPLE

From all CBSE schools 10 schools will be selected with help of simple random sample from Pune city, researcher will select n=600 samples with help of convince sample method.

## 1.14 TOOLS FOR DATA COLLECTION

For data collection the researcher will first select the obese students with the help of Omron fat monitor and later researcher will use three different questionnaires, Wellness Inventory (WI) by Dadasaheb D. (2014) , Activity Index Questionnaire (Fahey, Insel& Roth, 1997) for measuring the physical activity of the students and Student attitude towards physical education scale constructed and standardized by (Subramaniam& Silverman, 2000)

- **Percent body fat:**

**Procedure**

The subject is instructed to stand in normal standing position with legs apart sight in front with straight back and hands by the side of the body. The subjects sex (M/F), age in years, height in centimeters, and body weight in kg are to be entered with the help of available keys. When the instrument with his hands, Hands are kept straight in front at the shoulder level so that he can easily read the monitors display. The grip should be very firmed in such as way that the sensor of instrument can easily sense the skin voltage. Generally within 30-40 seconds the monitor displays the subject's percent body fat score. If there is any display with error signal, the data on age, height, body weight, sex (M/F) are to be entered again through key and the process is to be repeated till the monitor displays the score.

**Scoring:** The percentage of body fat as registered on the dial of the instrument monitor is the score. Each measurement is taken three consecutive times and the average of the three scores is the final score

- **Wellness Inventory**

Wellness Inventory (WI) by Dadasaheb D. (2014) The WI has 38 questions instrument which was used to assess an individual's wellness perceptions in all dimensions physical, emotional, social, intellectual, spiritual, occupational and environmental). Responses to the questions were given 3 point scale ranging from. (1= Never, 2= Sometimes and Always = 3).**Reliability:** 0.98 (Test - Retest Reliability)

- **Physical activity**

Activity Index Questionnaire (Fahey, Insel& Roth, 1997) its consist of 3 questions which will use to assess and individuals overall level of activity in three dimensions (Frequency x Duration x intensity = Activity Index) .Responses to the questions will be giving score 0 to 5. The score on activity index ranged from 0 to 125. Based on the score obtained the researcher will classified into following categories namely; Sedentary (< 15), Low Active (15-24), Active (41-60) and High Active (> 60).

- **Student Attitudes toward Physical Education scale**

Student attitude towards physical education scale constructed and standardized by (Subramaniam& Silverman, 2000) it was designed to measure student attitudes toward physical education contained 20 items anchored on two attitude components (affective and cognitive). The affective and cognitive components of attitude were labeled Enjoyment and Perceived Usefulness, respectively. The physical education teacher and curriculum were sub-domains within each attitude component. The attitude instrument used a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The marking system for each question was different. This is the most widely utilized questionnaire in education sports psychology. Reliability:0.92 (Test - Retest Reliability)

**15. PROCEDURE**:

This research is a descriptive survey of school going obese student's wellness, physical activity and attitude towards physical activity. For this the researcher will use the multistage sampling method to select the sample. From all CBSE schools, 10 schools will be selected with help of simple random sample from Pune city researcher will select n=600 samples with help of purposive sample method. After selecting the going school obese students researcher will administrates the three questionnaire on the selected students, before giving the questionnaire all the information regarding the questionnaire and the purpose of the study will be explain and the respondents will motivate to give true and honest response. After the collection of data it will be analyzed and correlation will be made between wellness, physical activity & attitude towards physical activity among school going obese students and compare the categories wise difference by using Pearson "product moment coefficient of

correlation and Independent “t” will be use to compare gender wise different in wellness, physical activity & attitude towards physical activity among school going obese students.

## 1.16 DATA COLLECTION PROCEDURE:

1. Approach the administration and principles to carry out the research.
2. Select the obese students from the schools.
3. Approach and present the students with the wellness, activity index and attitude questionnaires.
4. Give the instruction and explain to them what is to be done.
5. After they finish answering the questionnaires, it will be collected by the researcher.
6. analyzed and correlate & compare the gender wise difference
7. draw the conclusion

# CHAPTER –VI
# ANALYSIS AND INTERPRITENTION

## STATISTICAL TECHNIQUES:

Pearson Product movement coefficient of correlation will be use for the correlation the variables and Independent “t” will be use to compare gender and categories wise different in wellness, physical activity & attitude towards physical activity among school going obese students.

# CHAPTER –V

The whole study will be summarized and conclusion of the study will be drawn by testing the formulated hypothesis, on the basis of statistical analysis. For the further study recommendation will be made

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